

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	N	100-1000	2011

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	3/9/4
1	X
2	X
3	X
4	X
5	X
6	X
7	X
8	X
9	X
10	X
11	X
12	X
13	X
14	X
15	X
16	X
17	X
18	X
19	X
20	X
21	X
22	X
23	X
24	X
25	X
26	X
27	X
28	X
29	X
30	X
31	X
32	X
33	X
34	X
35	X
36	X
37	X
38	X
39	X
40	X
41	X
42	X
43	X
44	X
45	X
46	X
47	X
48	X
49	X
50	X

Claim	Date
Final Original	3/4
51	X
52	X
53	X
54	X
55	X
56	X
57	X
58	X
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions
staple additional sheet here

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